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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	5297/181
Application Number	10/619,834
Filing Date	July 15, 2003
First Named Inventor	Brian H. SILVER
Group Art Unit	3763
Examiner	Williams, Catherine S.

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment / Response to Restriction/Election Req. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

					Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Total		Minus	(20)	0	x \$25=	0		x \$50=	
Indep.		Minus	(3)	0	x \$100=	0		x \$200=	
First Presentation of Multiple Dep. Claim					+\$180=	—		+\$360=	
					total add'l fee	\$ 0		total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael H. Baniak, Reg. No. 30,608 Attorney for Applicant(s) Steven B. Courtright, Reg. No. 40,966 Agent for Applicant(s) BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60608		
Signature			Date: December 12, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:			December 12, 2005
Signature			Date: December 12, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Mail Stop: Amendment; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 12, 2005.



Michael H. Baniak / Steven B. Courtright
Name of Applicant, Assignee, or Registered Representative

Signature

12/12/05
Date of Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of: SILVER et al.

Serial No.: 10/619,834

Filed: July 15, 2003

For: BREASTSHIELD WITH
MULTI-PRESSURE AND EXPANSIBLE
CHAMBER CONSTRUCTION, RELATED
BREASTPUMP AND METHOD

Group Art Unit: 3763

Examiner: Catherine S. Williams

RESPONSE

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Washington, D.C. 20231

Dear Sir:

This is responsive to the Examiner's Office Action of September 12, 2005